

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2	1					
3	2					
4	0					
5	0					
6	0					
7	0					
8	0					
9	0					
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TOTAL IND.	2					
TOTAL DEP.	9	↔	↔	↔	↔	
TOTAL CLAIMS	17	████████	████████	████████	████████	

	IND	DEP	IND	DEP	IND	DEP
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TOTAL IND.						
TOTAL DEP.		↔	↔	↔	↔	
TOTAL CLAIMS		████████	████████	████████	████████	